

OPERATION HOUSECALL

Family Volunteer Application

Please complete this form and return it to us as soon as possible. The medical students use this information to prepare for their visit with you and understand that it is strictly confidential.

Name: _____

Address: _____

City: _____ **Zip:** _____

Best time to call: _____ **Phone:** _____ **Work:** _____

Primary Language Spoken: _____

Child's Name: _____ **Date of Birth:** _____

What is the nature of the child's special needs? (Please be as specific as possible; i.e., a diagnosis, if there is one.) _____

How many people are in your family? _____

Sisters _____ **Ages** _____ **Brothers** _____ **Ages** _____

Others _____

May two UCI Medical Students visit you? _____ **yes** _____ **no**

FYI: All UCI first-year medical students participate in Operation Housecall as part of their required curriculum. By sharing your life experiences and your expectations, you will be teaching future doctors how to better serve people who have disabilities.

Thank you so much for participating in OPERATION HOUSECALL!

When completed, please return this form to:

State Council on Developmental Disabilities, Area Board XI

**2000 East Fourth Street, Suite 115,
Santa Ana, California 92705**

Phone: (714) 558-4404

Fax: (714) 558-4704